

Battling Burnout: Taking Steps to Keep Clinicians Healthy and Happy

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Disclosure of Conflicts of Interest

Stephen Keithahn, MD, FACP, FAAP has no relevant financial relationships to disclose.

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Gratitude

YES!



Objectives

Define clinician burnout and describe its scope, consequences.

Discuss the benefits of, and advocate for, the need to address burnout/wellness and low engagement in faculty, residents, medical students, nurses, staff, and leaders

Explain the concepts of individual health and wellness, and professional satisfaction

Summarize the conceptual framework and concrete strategies to improve well-being in the practice settings and institutions



DOCTOR AND PATIENT

The Widespread Problem of Doctor Burnout

BY PAULINE W. CHEN, M.D. AUGUST 23, 2012 3:50 PM [Comment](#)



Harvard Business Review

THE WALL STREET JOURNAL.

The New York Times

LEADERSHIP

Giving Doctors What They Need to Avoid Burnout

by [Len Schlesinger](#) and [Josh Gray](#)

OCTOBER 31, 2017

THE EXPERTS

The High Price of Burnout Among Doctors

Jun 9, 2014 11:34 am ET

CAROL CASSELLA: Doctors tend to be a [physically healthy group](#), with lower rates of

American Conference on Physician Health (ACPH)

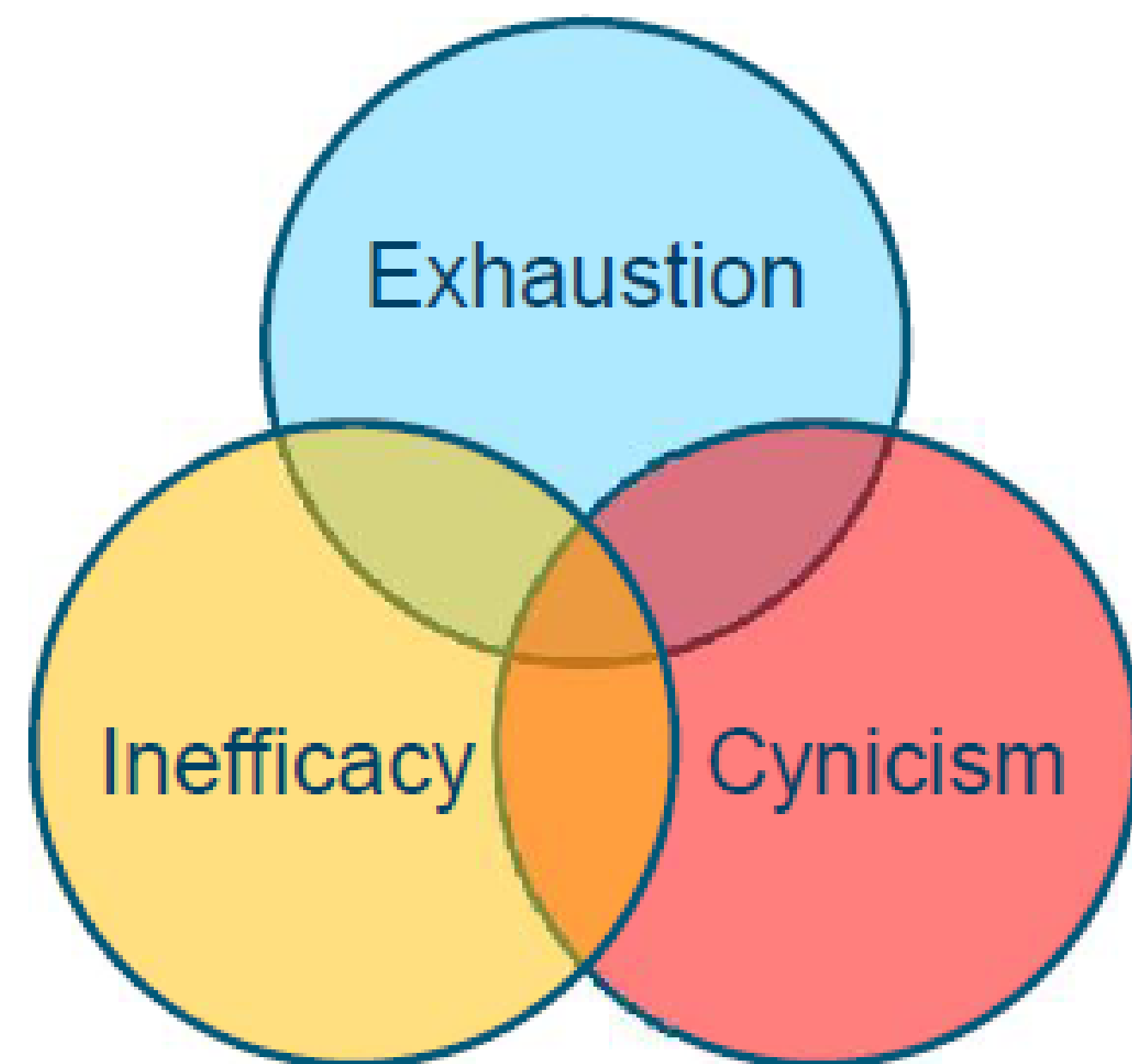


Evolution from my 2014 Physician Wellness Grand Rounds

80:20 is actually 20:80

“Blaming the victim?”

What Is Burnout?



Exhaustion: depleting emotional resources to cope with the work environment. A loss of enthusiasm for work. *Nothing More to Give*

Depersonalization (cynicism): Distancing oneself from patients or the organization. *Self-protective mechanism*

Inefficacy: a sense of low personal accomplishment, or feeling ineffective, at work. *Physicians feel ineffective, but patients value their care.*

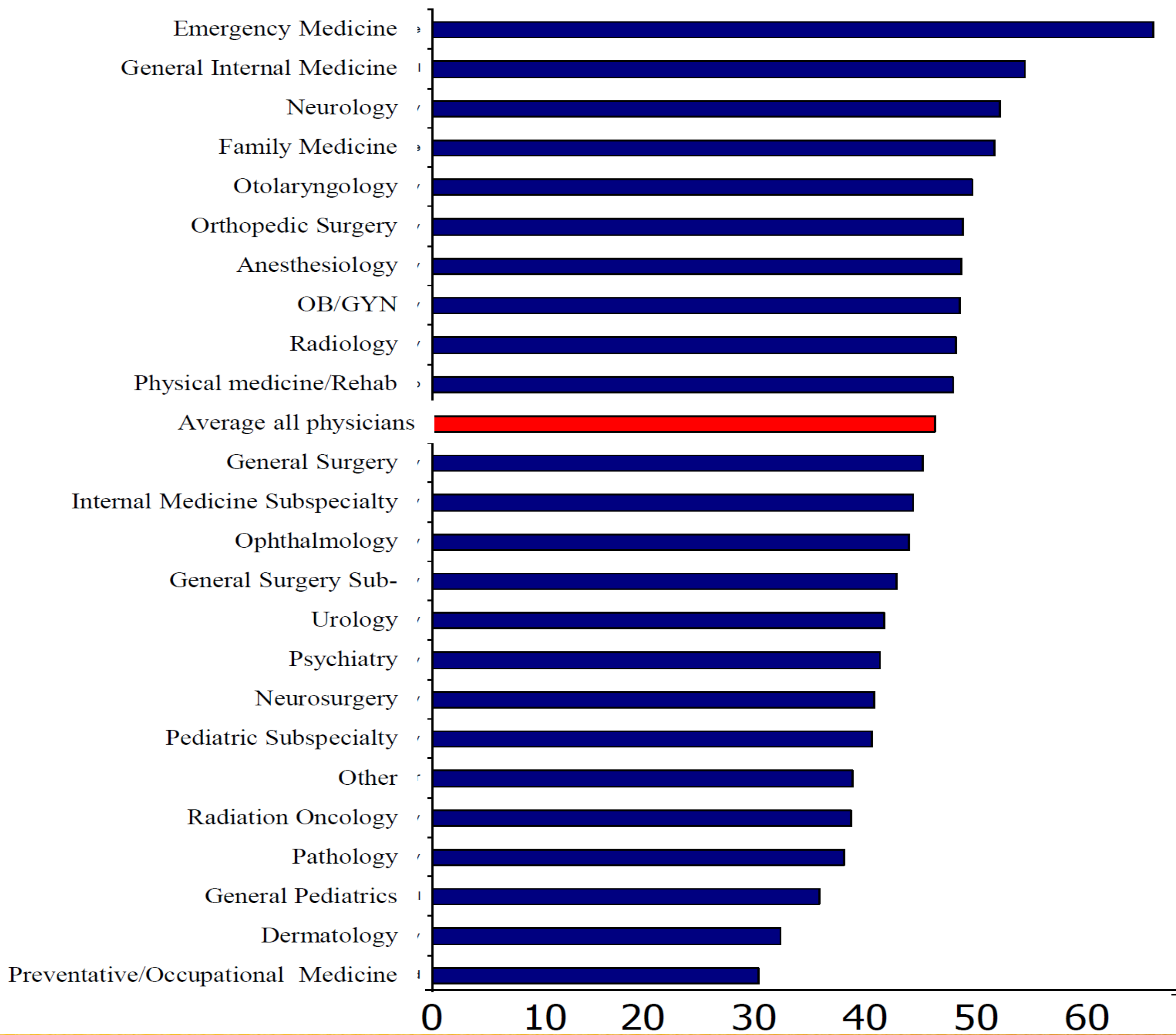
What is Burnout?

- 1974 Herbert Freudenberger was first to publish the term “burnout” in the Journal of Social Issues
- An old concept, but more recently defined syndrome which is **job related and situation specific**
- Different than depression, the two can co-exist, yet they have different treatments/solutions

How is burnout measured?

- Current “gold standard” is the Maslach Burnout Inventory (MBI)
- Christina Maslach and Susan Jackson are psychologists who co-created this tool
- 5 validated variants of the MBI – The MBI-HSS MP (Human Services Survey for Medical Personnel is most commonly used for physicians)
 - 3 Domains measured: Burnout (Emotional exhaustion), Depersonalization, and Personal achievement

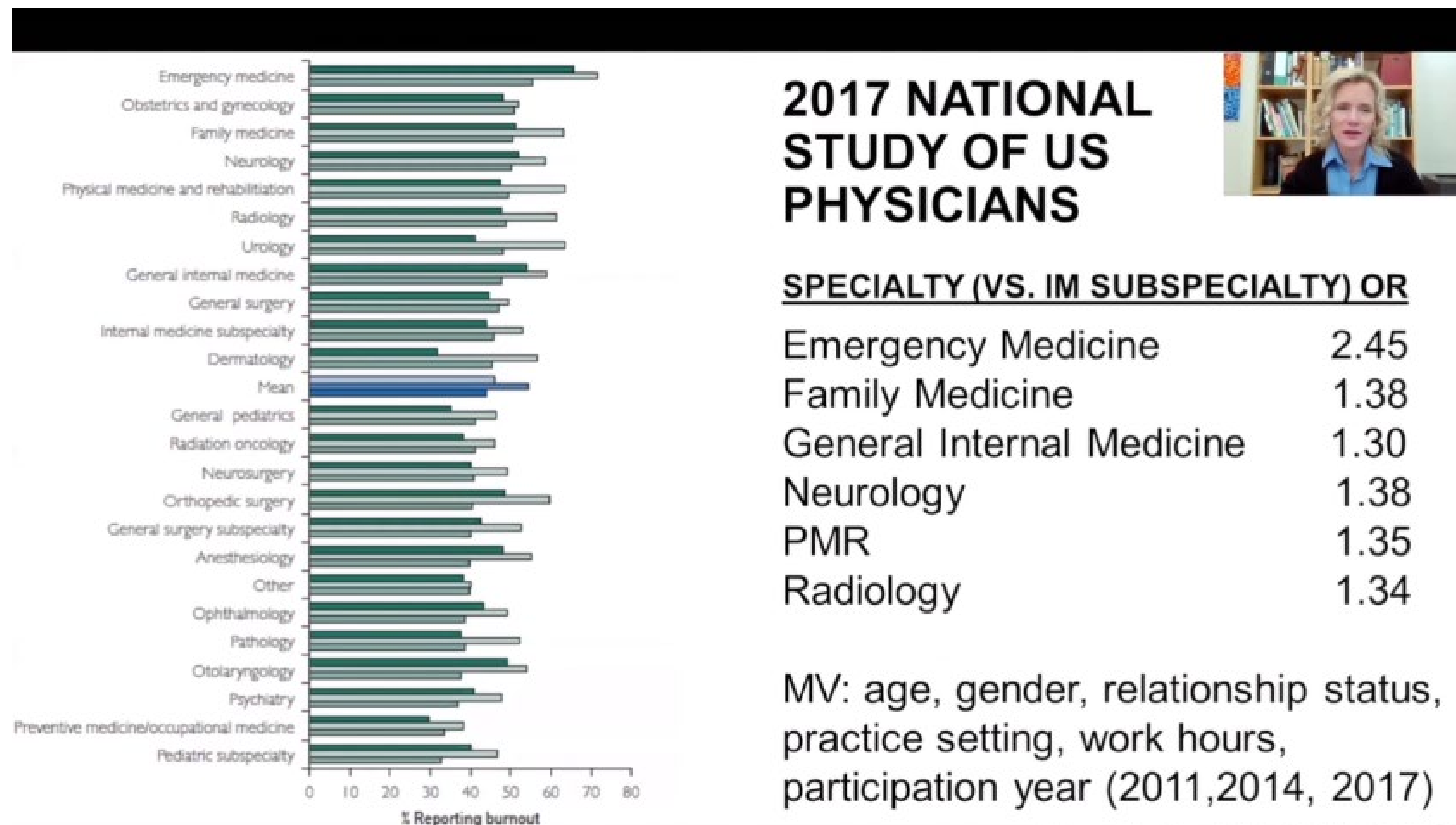
Burnout highly Prevalent Problem



N=7288

Shanafelt,
JAMA Int Med
172:1137

From Dyrbye Champions of Wellness webinar 2020



2017 NATIONAL STUDY OF US PHYSICIANS



SPECIALTY (VS. IM SUBSPECIALTY) OR

Emergency Medicine	2.45
Family Medicine	1.38
General Internal Medicine	1.30
Neurology	1.38
PMR	1.35
Radiology	1.34

MV: age, gender, relationship status, practice setting, work hours, participation year (2011,2014, 2017)

Burnout Hysteria?

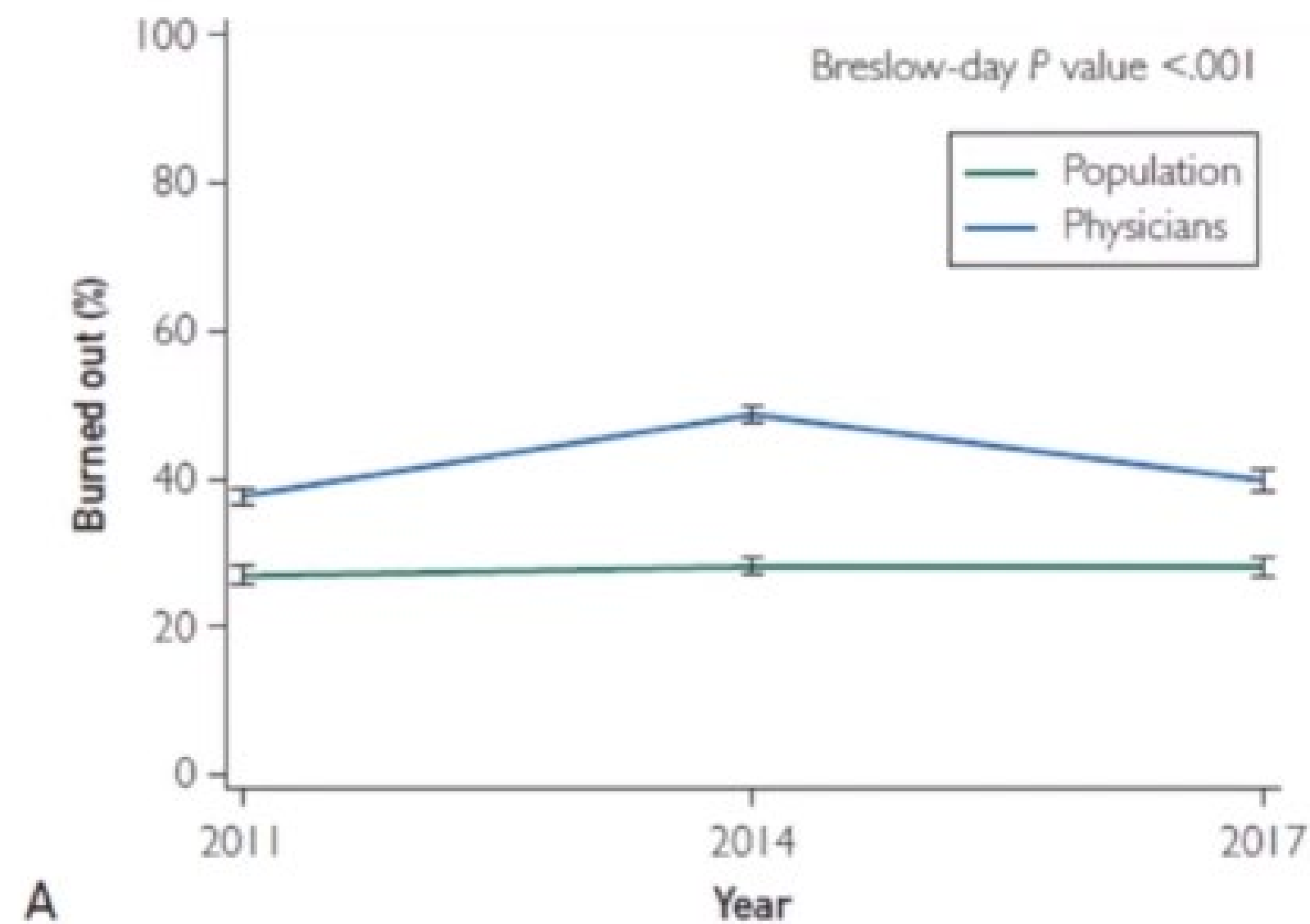
Its Not the People...



- **Matriculating medical students better mental health than college graduates pursuing other fields**
 - Lower burnout
 - Less depression
 - Higher QOL (overall, mental, emotional, physical)
- **Pattern reversed by 2nd year medical school**
- **Burnout crescendos during residency**
- **In practicing physicians, burnout and dissatisfaction WLB peaks mid-career (10-19 years in practice)**

Physician burnout prevalence

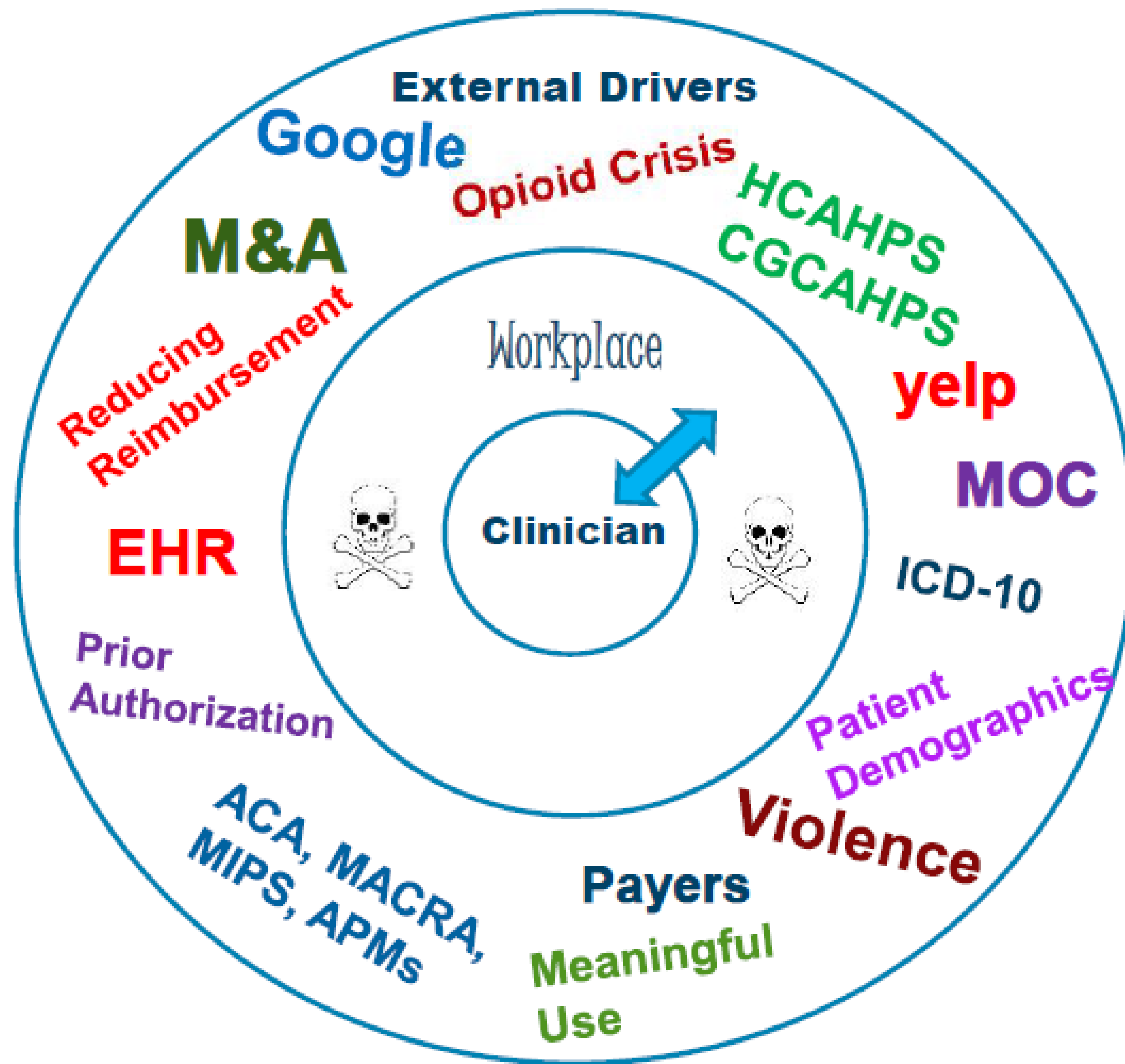
BURNOUT IN PHYSICIANS VS POPULATION



After adjusting for:

- age
- sex
- relationship status
- hours/week

physicians remained
at higher risk for
burnout



Work System Factors include:

Job Demands

- Excessive workload, unmanageable work schedules, and inadequate staffing
- Administrative burden
- Workflow, interruptions, and distractions
- Inadequate technology usability
- Time pressure and encroachment on personal time
- Moral distress
- Patient factors

Job Resources

- Meaning and purpose in work
- Organizational culture
- Alignment of values and expectations
- Job control, flexibility, and autonomy
- Rewards
- Professional relationships and social support
- Work-life integration

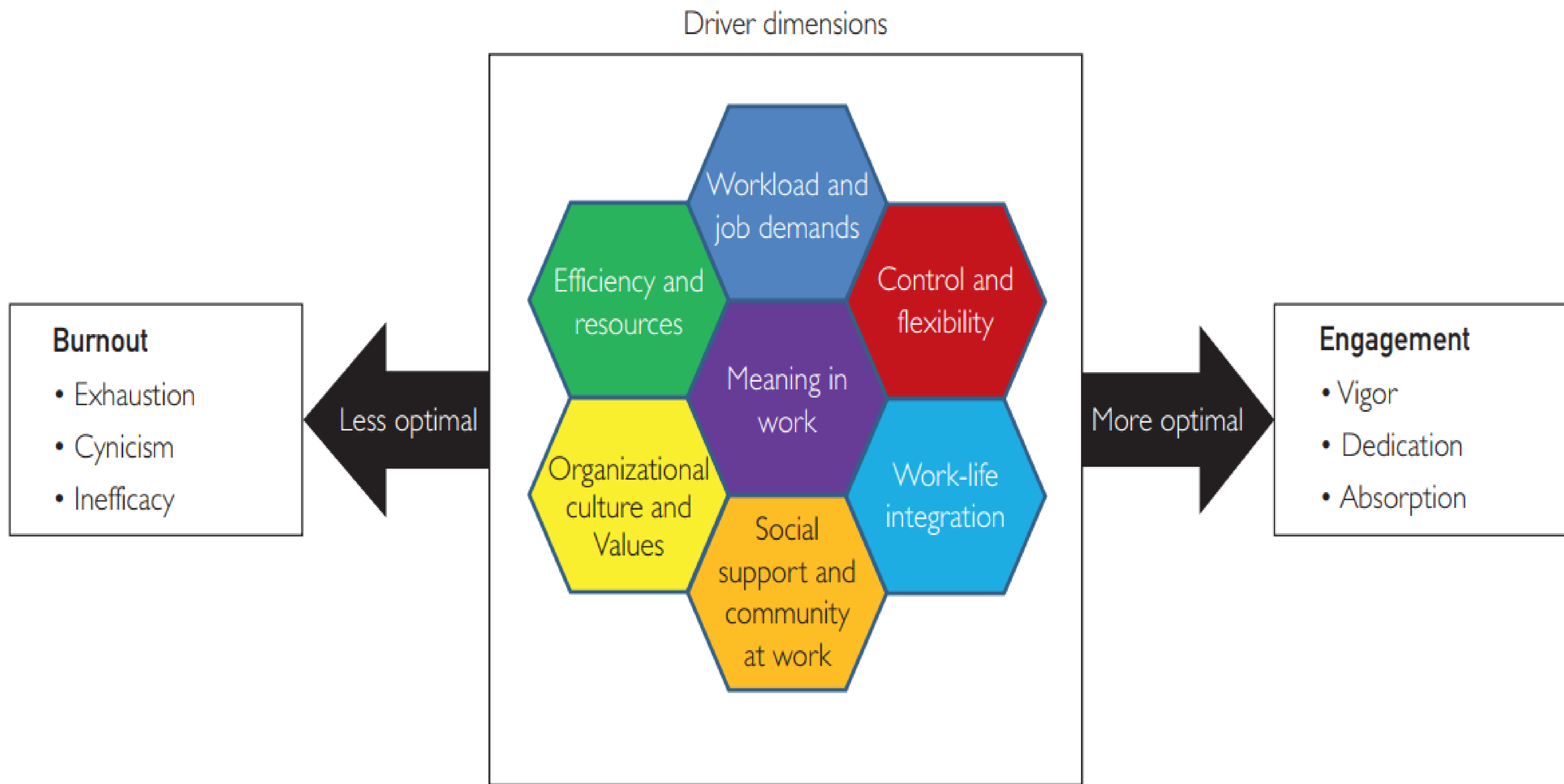


FIGURE 2. Key drivers of burnout and engagement in physicians.

Unique HCW Challenges due to Coronavirus:

- 1) fears of infecting family members
- 2) fears of getting infected
- 3) negotiation of PPE shortages and PPE use policies and own sense of what is right/safest.
- 4) navigating what patients want (in-person services) with own want to provide telehealth
- 5) dealing with stressors of learning new telehealth technology and teaching patients how to use.
- 6) dealing with stressors of working from home – challenges to work-life balance.
- 7) spouse/partner carrying burden of child care with schools closed,
- 8) fears about universities re-opening and what it means for providers,
- 9) fears about school reopening and what it means for their children,
- 10) economic strain due to job loss, furloughs, terminations, and pay reductions,
- 11) health care teams being split up to cover COVID demands,
- 12) family disruption around parents who are higher risk.

Current National Climate: Clinician Well-being

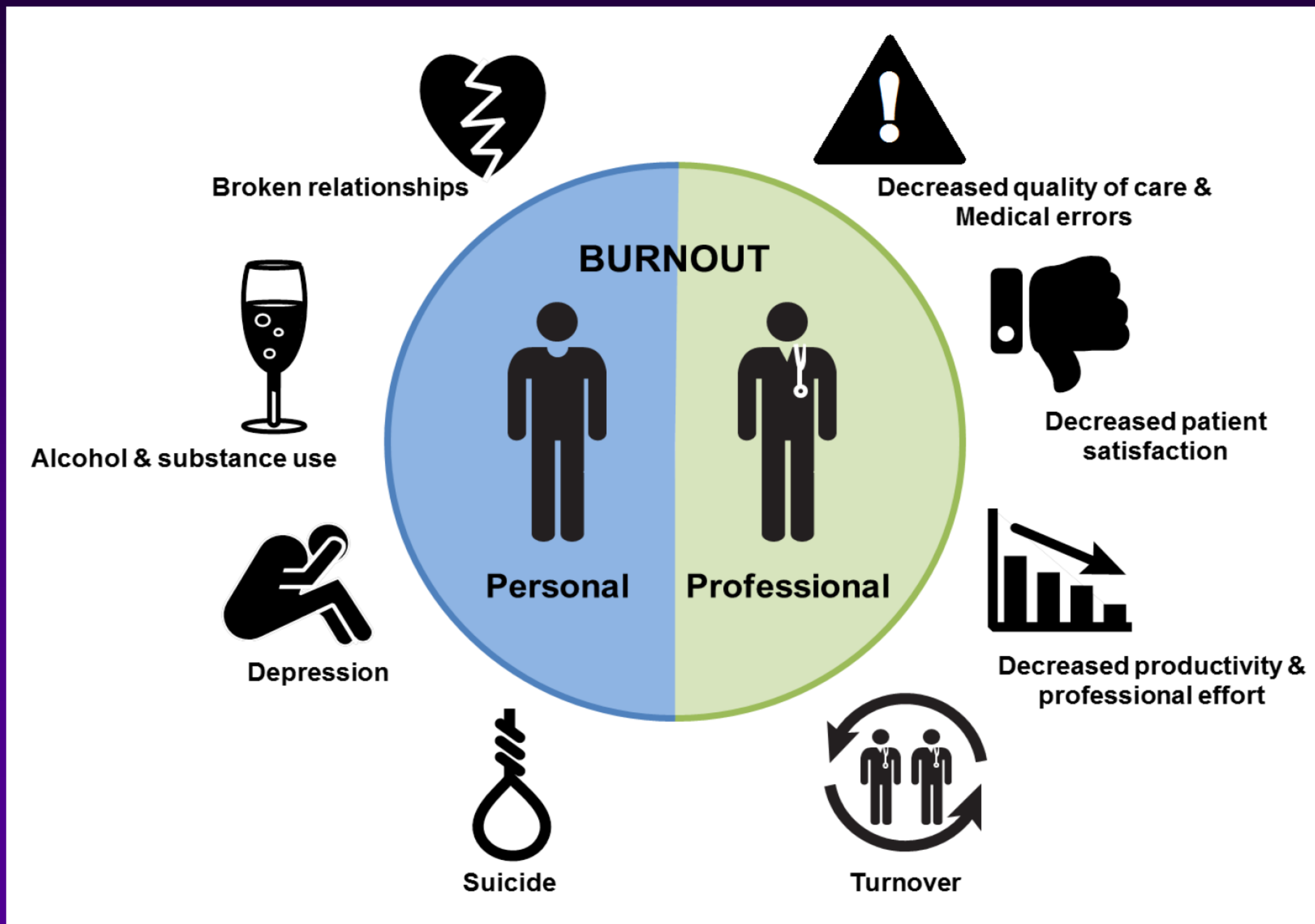
Burnout rates: highest ever (50%) up from 40% pre-pandemic

Gender gap: female clinicians have higher burnout scores

Turnover: rates have doubled to 15% (Great Resignation/Migration)

Federal Legislation: Dr. Lorna Breen Health Care Provider Protection Act

Professional & Personal Consequences



More:

-malpractice litigation

-incivility

-student and resident mistreatment

And less physician engagement!

Also, docs who leave institutions usually care the most!

Burnout: unsustainable=change

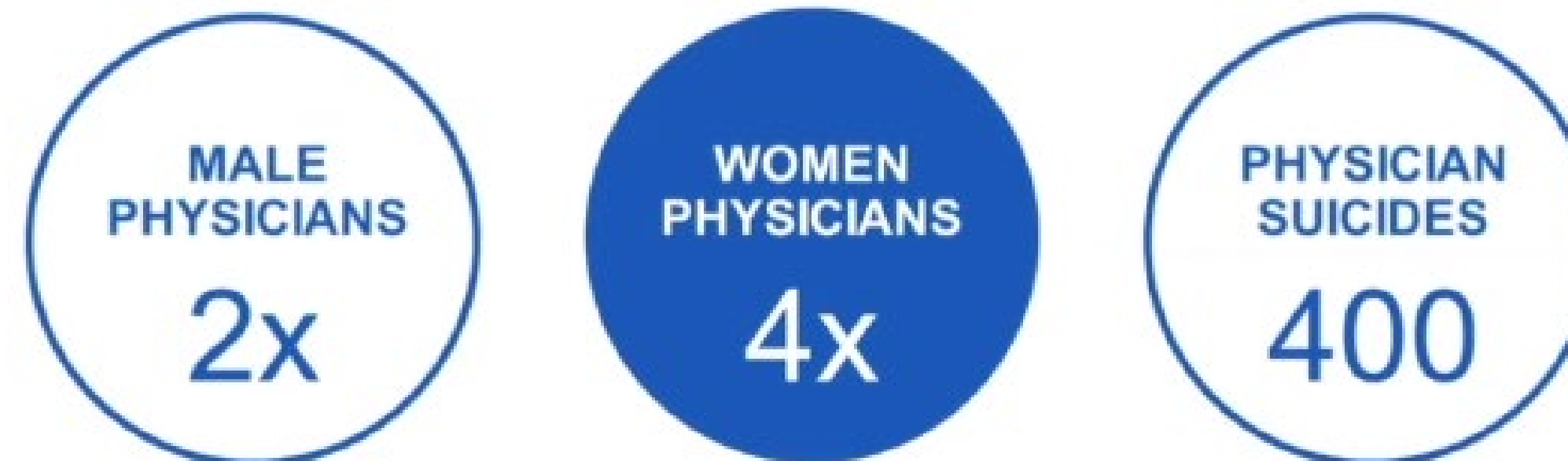
400 physician suicides each year, double that of the general population, and the highest of any profession.

Physician suicide

PHYSICIAN SUICIDE



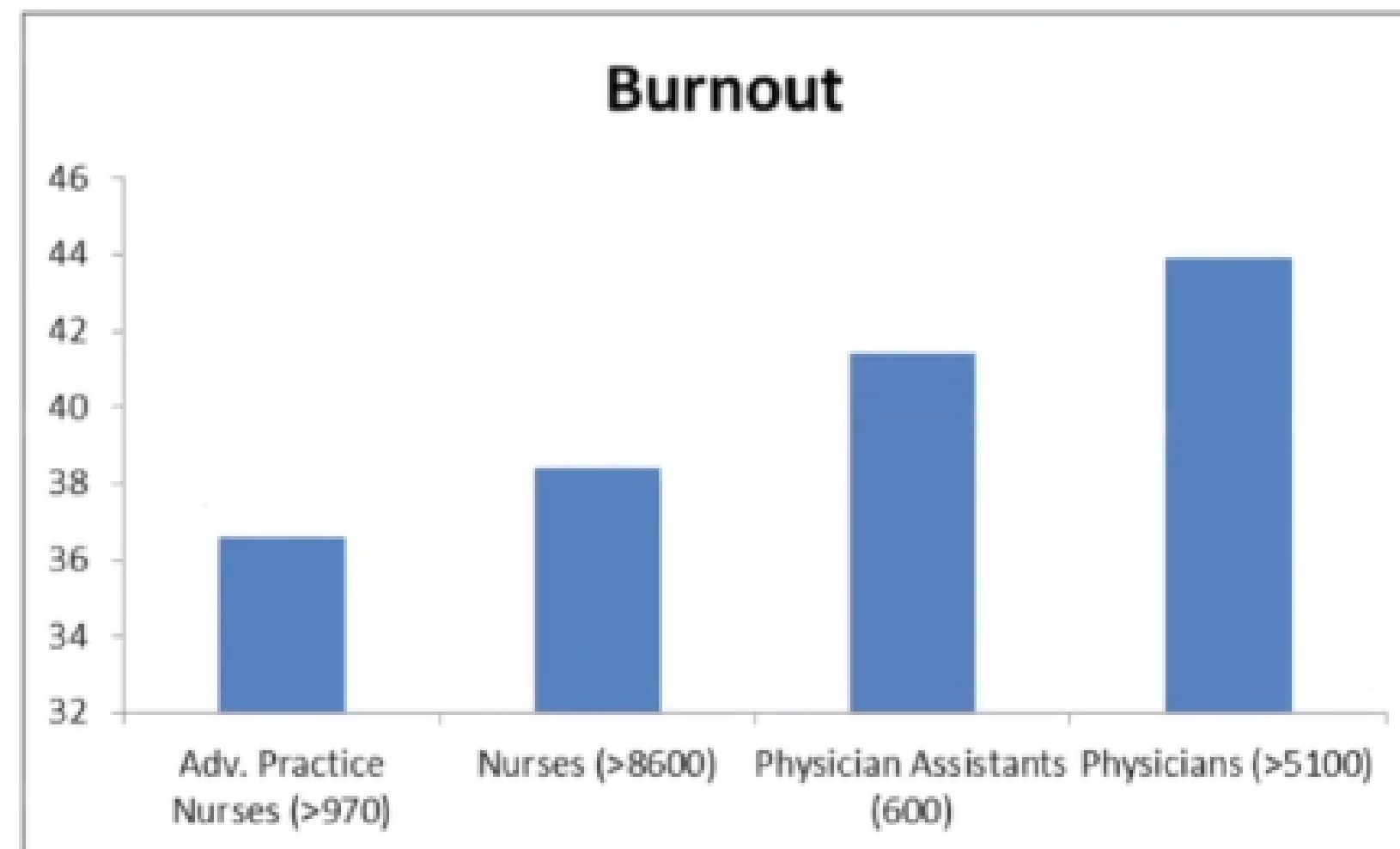
Rates of physician suicide are higher than in general population



JAMA 289(23):3161; Am J Psychiatry 161(12):2295

Other HCW Burnout Summary

HEALTH CARE PROFESSIONALS



- NURSES**
More work hours
Younger nurse
Lower academic degree
- ADV PRACTICE NURSE**
More work hours
Outpatient practice setting
- PHYSICIAN ASSISTANT**
Emergency Department

Why Optimize Clinician Well-being?

Patient Care: quality, safety, patient satisfaction, team, access

Moral Imperative: broken relationships, substance use, depression, suicide

Business Case: turnover, production

Accreditation: ACGME, LCME, others

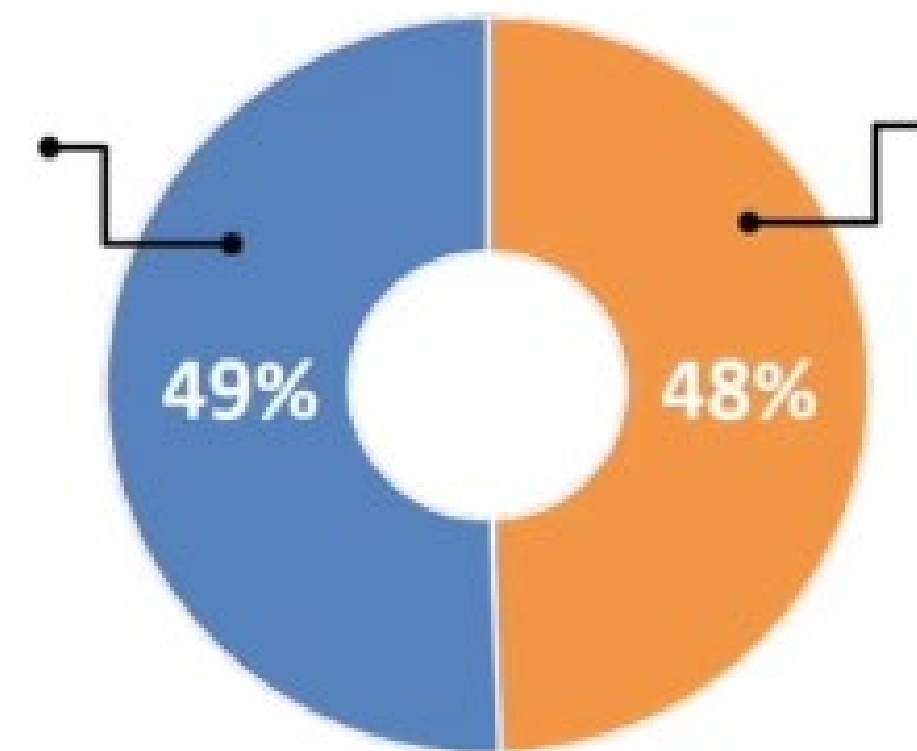
Organizational consequences of clinician burnout

Physician Shortage



According to projections by the Association of American Medical Colleges, the nation will be short more than 130,000 physicians by 2025

Would not recommend medicine as a career to their children.

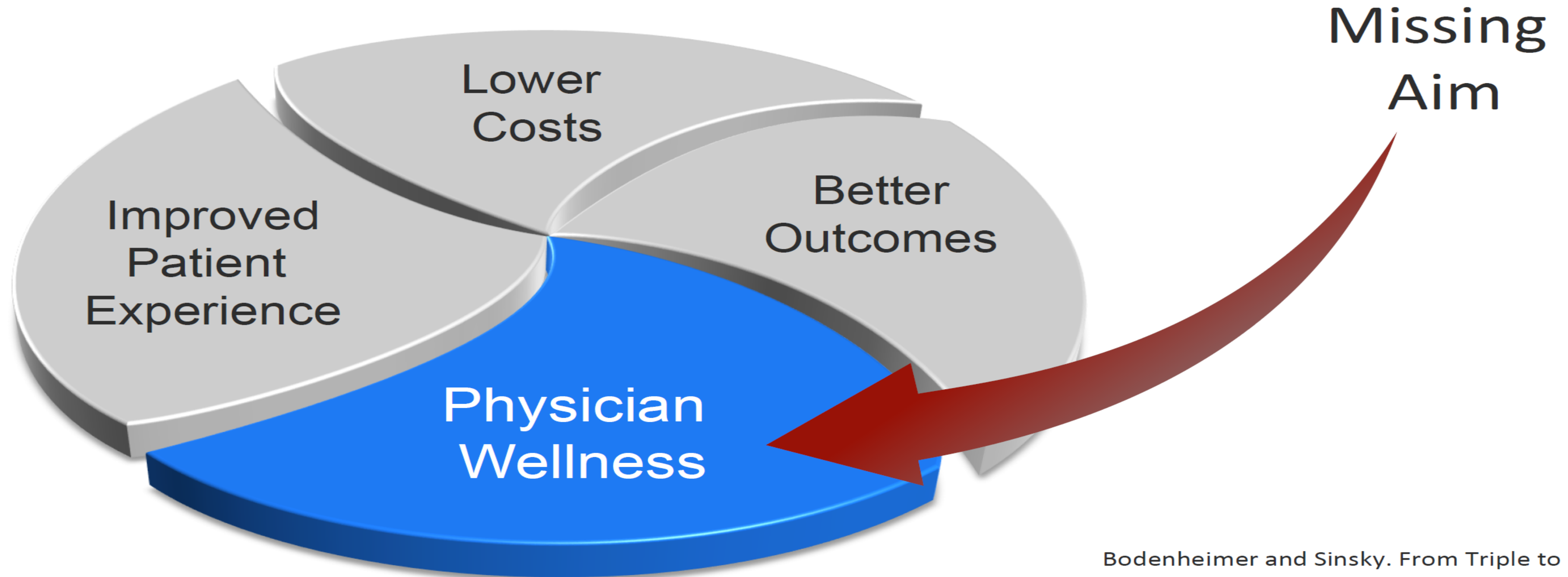


Of physicians plan to cut-back on hours, retire, take a non-clinical job, switch to "concierge" medicine, or take other steps limiting patient access.

Physicians Foundation: 2016 AMERICA'S PHYSICIANS: Practice Patterns & Perspectives
https://physiciansfoundation.org/wp-content/uploads/2018/01/Biennial_Physician_Survey_2016.pdf

Quadruple Aim

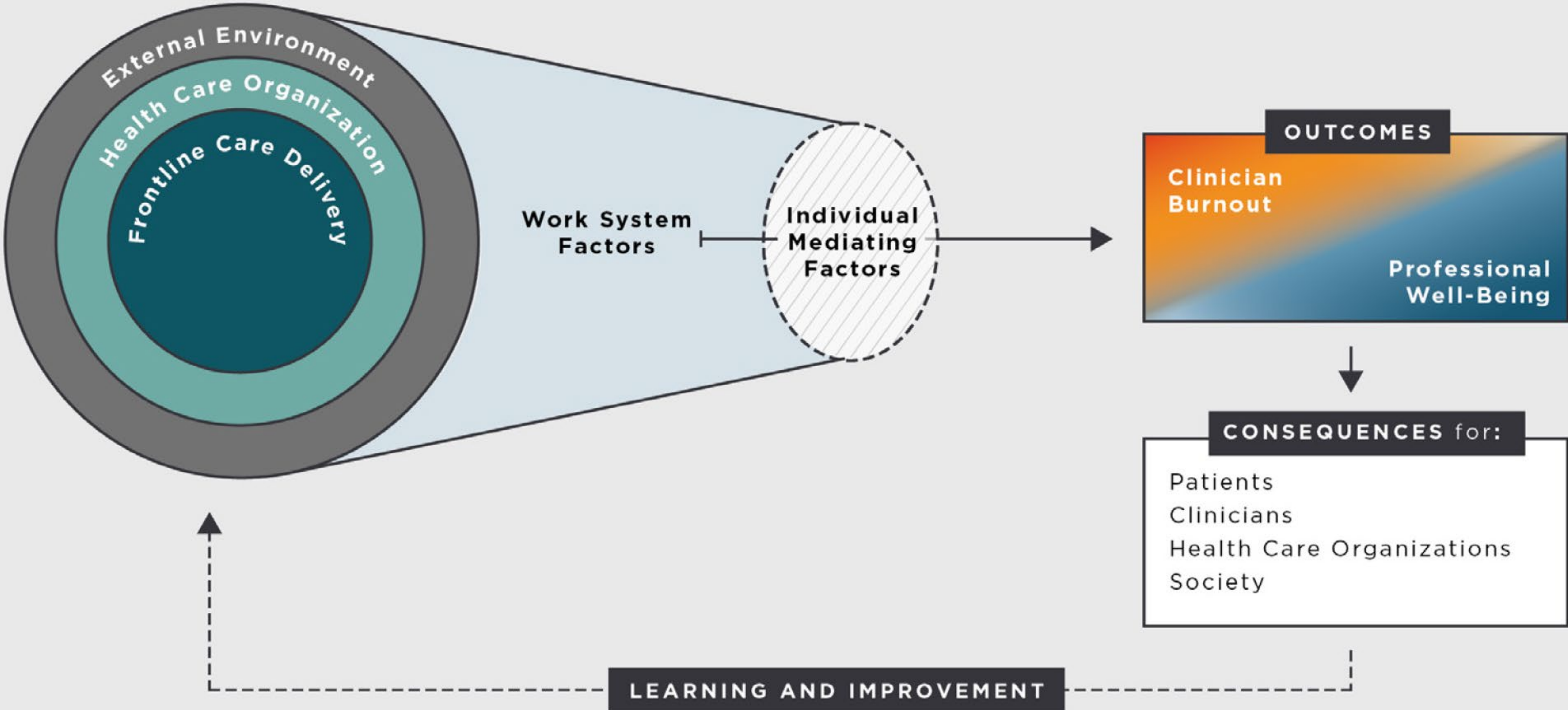
Achieving our mission is no longer possible without addressing Physician Wellness



Why optimize clinician wellness?

We cannot achieve our clinical, teaching, and research missions without a healthy, high functioning, and stable clinician workforce!

A SYSTEMS MODEL OF CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING



How to thrive in medicine? *Lead!*

Self

Team

Institution

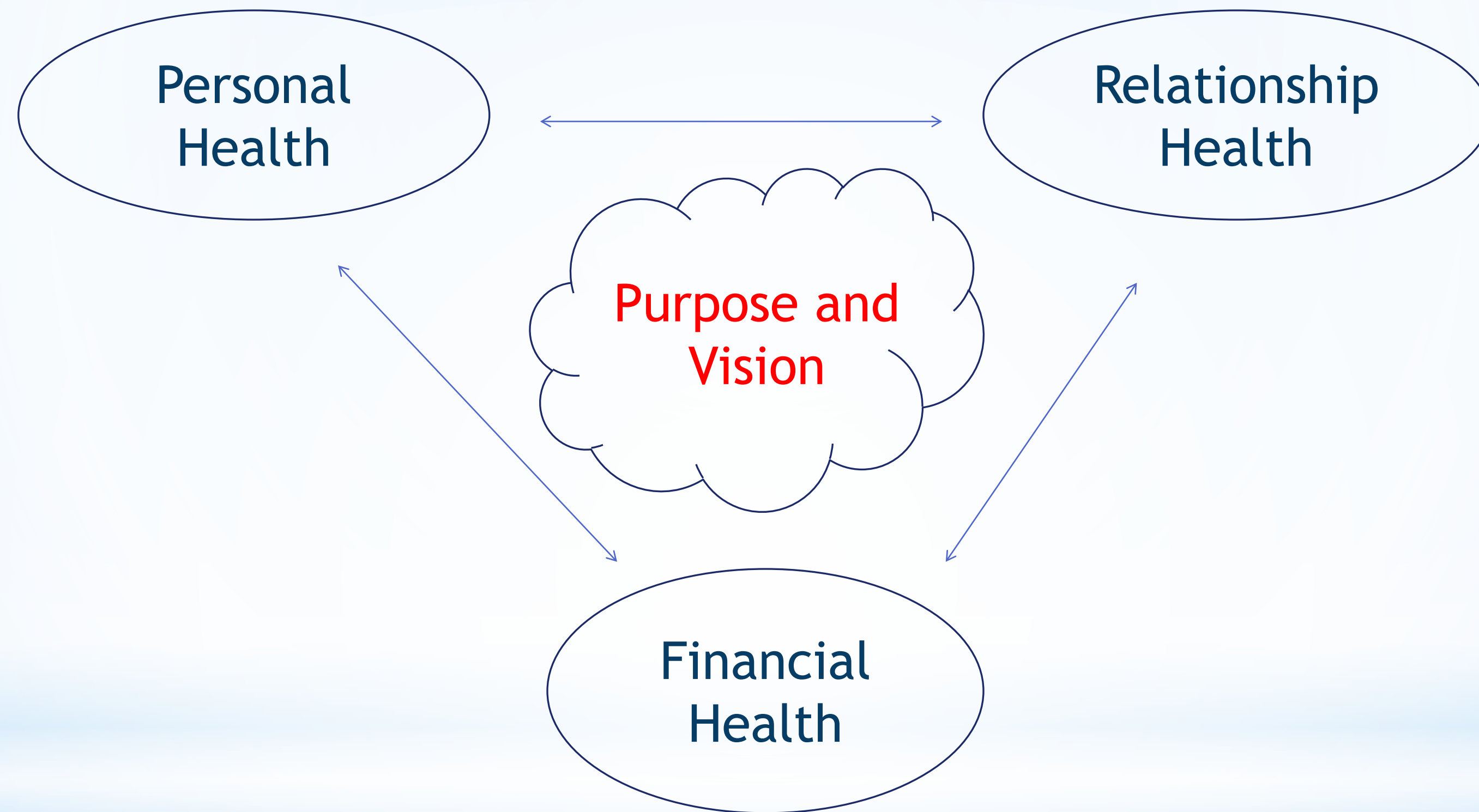
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Individual Wellness Model



Bringing Structure to Our Lives



PURPOSE

Liking what you do each day and being motivated to achieve goals

FINANCIAL

Managing your economic life to reduce stress and increase security

PHYSICAL

Having good health and enough energy to get things done daily

SOCIAL

Having supportive relationships and love in your life

COMMUNITY

Liking where you live, feeling safe, and having pride in your community

Status of Physician Health?

The Good:

Overall eat better, exercise more, lower BMIs, live longer!

The Bad:

More reluctant to seek medical, mental health, or preventative care

40% physicians are overweight or obese

Only 1/3 exercise the recommend 150 minutes/week

1/3 sleep less than 6 hours per night

The Really Bad

Increase rates of divorce, depression, substance abuse, suicide

Take Home Message

Nutrition, fitness, sleep, and coping habits affect **daily performance** and the overall **quantity** and **quality** of life for you and your patients!

Do you have a primary care doc?

Fitness:

Prescribe 30-60 minutes/day, preferably in the morning.
Consider resuming previous sport/joining a team, utilize workout partner or trainer, technology and/or social media.
Cross train, more aerobic than strength; don't take off more than 3 days, limit screen time

Sleep:

Prescribe 7-9 hours, 7 hours minimum
Consistent bedtime and wake time, shift no more than 1 hour on weekend, power naps only.
Limit caffeine and alcohol, stop screen time 1 hour before bedtime; and no electronics in bedroom!

Nutrition

Minimize:

Liquid calories, chips/snack food, fast food, red meat,
cheese,
white sugar/rice/potatoes/pasta/bread
eating out, alcohol

Maximize:

veggies, whole grains, healthy (plant) protein and fats,
fruits, nuts, yogurt, water

Utilize:

Smart phone apps, Omnivore's Dilemma philosophy,
Mediterranean diet,
Weight Watchers, Jenny Craig

Research Based Self-Care

1. Gratitude Practice

2. Behavioral Activation

- Movement
- Joy/Pleasure
- Achievement/Mastery
- Meaning/Purpose

3. Apps (Calm, Headspace, 3 Good Things, etc)

4. Therapy is about much more than mental illness.

Seven Types of Rest

- Physical (Active or Passive)
- Mental/Cognitive
- Emotional
- Sensory
- Social
- Creative
- Spiritual

...and address any fun deficit!

How to thrive in medicine? *Lead!*

Self

Team

Institution

Our Conceptual Framework



"Physician Well-Being: The Reciprocity of Practice Efficiency, Culture of Wellness, and Personal Resilience". NEJM Catalyst: April 26, 2017

Personal Resilience

- Role model well-being
- Safety net
- Education
- Flexibility: “Empathy with accountability”

Culture of Wellness

- *See prior slide on personal resilience*
- Leadership Development (all physicians!): “listened to, cared for, competent”
- Dyad Development
- Communication
- Regularly message mission, vision, values, goals
- Team and community building activities (break down hierarchies, build “work family”)
- Goal: “Believe and Belong”

Practice Efficiency

- Tame the EMR and Portal
- Utilize AMA Steps Forward, NAM website resources

How to thrive in medicine? ***Lead!***

Self

Team

Institution

A CRISIS IN HEALTH CARE: A CALL TO ACTION ON PHYSICIAN BURNOUT

Partnership with the Massachusetts Medical Society, Massachusetts Health and Hospital Association, Harvard T.H. Chan School of Public Health, and Harvard Global Health Institute,
November 2018

“Appoint executive-level chief wellness officers at every major health care organization”

AMA's Nine Steps to creating the organizational foundation for Joy in Medicine (released October 2017)

Culture of Wellness:

1. Engage senior leadership*
2. Track the business case for well-being*
3. Resource a wellness infrastructure* (\$400 annually/physician)
4. Measure wellness* and the predictors of burnout longitudinally
5. Strengthen local leadership
6. Develop and evaluate interventions

AMA's Nine Steps to creating the organizational foundation for Joy in Medicine

Efficiency of Practice:

7. Develop and evaluate interventions
8. Reduce clerical burden and tame the EHR (!)

Personal Resilience:

9. Support the physical and psychosocial health of the workforce

Investing in Clinicians

83% of a MU Health Care's revenue, or about 1 billion, is related to physician work.

The budget for the OCWB is about 0.005 of 1 billion

Office of Clinician Well-being

Our Mission: “*Saving and Improving Clinician Lives*”



Basic Concepts for Optimizing Clinician Well-being

- Practice self care; encourage the same in your people
- Promote quadruple aim
- Listen (lead with confidence and humility)
- Define/communicate values
- Build trust in the organization (align values and goals)
- Measure: <https://nam.edu/a-pragmatic-approach-for-organizations-to-measure-health-care-professional-well-being/>
- Develop collegiality (build the team)
- Optimize clinical team “share the care” (control chaos)
- GROSS (Get Rid of Stupid Stuff)
- Streamline and build skills around the EMR

*“Burnout is no one’s fault,
but enhancing well-being is
everyone’s responsibility.”*

Bibliography

National Academy of Medicine:

<https://nam.edu/initiatives/clinician-resilience-and-well-being/>

AMA STEPS Forward

<https://www.ama-assn.org/practice-management/ama-steps-forward>

Questions/Comments/Suggestions??



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